



1646

PTO/SB/21 (09-04)

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## TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

		Application Number	10/526,087-Conf. #6478
		Filing Date	September 14, 2005
		First Named Inventor	Henry H. Hsu
		Art Unit	1646
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission		Attorney Docket Number	30481/30002A

### ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Statement Under 37 CFR 3.73(b)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<b>Remarks</b>	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MARSHALL, GERSTEIN & BORUN LLP		
Signature			
Printed name	Sharon M. Sintich		
Date	May 18, 2006	Reg. No.	48,484

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: May 18, 2006

Signature:

(Sharon M. Sintich)



PTO/SB/81 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035  
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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/526,087-Conf. #6478
Filing Date	September 14, 2005
First Named Inventor	Henry H. Hsu
Title	COMBINATION THERAPY FOR TREATMENT OF FIBROTIC DISORDERS
Art Unit	1646
Examiner Name	Not Yet Assigned
Attorney Docket No.	30481/30002A

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioners associated with the Customer Number: **04743**
**OR**
 Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

 Applicant/Inventor.

 Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*
**SIGNATURE of Applicant or Assignee of Record**Signature Date **5/10/06**Name **JOHN BENDRICK**Telephone **915-466-2200**Title and Company **VP, INTELLECTUAL PROPERTY - INTERMUNE, INC.**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of **1** forms are submitted.

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Dated: **5/18/06**Signature  (Sharon M. Sintich)



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**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Henry H. HsuApplication No./Patent No./Control No.: 10/526,087 Filed/Issue Date: September 14, 2005Entitled: COMBINATION THERAPY FOR TREATMENT OF FIBROTIC DISORDERSINTERMUNE, INC., a  
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1.  the assignee of the entire right, title, and interest; or
2.  an assignee of less than the entire right, title and interest.

(The extent (by percentage) of its ownership interest is \_\_\_\_\_ %)

in the patent application/patent identified above by virtue of either:

- A.  An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 016635, Frame 0141, or a true copy of the original assignment is attached.

OR

- B.  A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

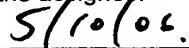
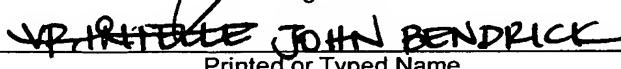
1. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
2. From: \_\_\_\_\_ To: \_\_\_\_\_  
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3. From: \_\_\_\_\_ To: \_\_\_\_\_  
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- Additional documents in the chain of title are listed on a supplemental sheet.

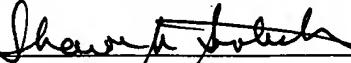
As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Date  
\_\_\_\_\_  
Printed or Typed Name415-466-2200  
\_\_\_\_\_  
Telephone Number  
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Title

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Dated: 5/18/06Signature:   
(Sharon M. Sintich)